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ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF SYPHILITIC ULCERS.

BY GEORGE L. BEARDSLEY, A.M., M.D.

LECTURE V.

(*Continued from Volume xxxv, page* 330.)

The cure of every venereal sore is conditioned on the extraction of the virus. If measures fail, then, to bring to naught the evolution of syphilis, or the infection succeeds by multiplication, tertiary manifestations can be counter-checked only so far as not to annoy; the poison may be forced to forfeit a part of its wrath, the work of annihilation may be kept at bay, though the sting must ever irritate the tissues whose purity it first violated. No hope of redemption must be allowed, beyond lessening the susceptibility of the system to the effects of the venom. The suppression of all local evidences, then, is not to be intrusted to the agencies urged for the other classes of ulcers, as bandages, washes, ointments, etc., except as the abraded surfaces can assist in carrying the medicine to the absorbents. Our weapons must combat the spread of the scourge, as we cannot annul it, by enriching the already depurated blood, by rousing the processes of excretion to greater energy, particularly by attracting the poison to the skin, as the surest channel for elimination, by reforming the apostate tissues through the use of means designed to stop the incessant effusion of mephitic lymph.

The tartrate ferri et potass., recently pushed into notice as the unfailing antagonist of the pox, does not deserve to be thus singled out as a specific. Even the most fanatical advocates of mercury decline, in the face of flattering testimonials to its marked power for good, to pay to mercury the meed that French highfliers are so large-hearted in rendering to that other salt that has not yielded as plenteous a harvest of assurances. As a tonic alone is it to be noticed. If the wreck has been severe on the fibres sorely relaxed, no remedy acts often more effectively to rehabilitate the languid form. It is depuratory, but only as it supplies fresh pabulum to the blood—not that it exterminates the canker or forbids a further abuse of nature's forces—and exalts the function of excretion by giving strength to the vessels. The mercurial products, united with some of the preparations of iron, stay, as surely as any, the circulation of the virus. Let it not be understood by this assertion that my faith in mercury as an antisyphilitic remedy is stable, or approximates to a certainty. There are manifestations of the disease, I concede, that will vanish without the service of mercury in time, but a careful and protracted inquiry into valid cases of the pox has taught me that systems thus charged suffer less when they are made to feel the energy of saturnine resolvents, and I can never believe that this salt is as reprehensible as it is fashionable to insist, for the deformities that sully the physique of these victims. All this waste is the legitimate and irreversible issue of the extension of the disease. Because mercury has been imprudently advised, and then has sapped the vitality or marred the bloom of youth, this profanation of it should not be suffered to cheat our better judgment, or hurry us to unfairly accept its real worth.

The curse of mercury is to be credited only to its misappropriation, and the danger of its introducing physical depravity is as nothing, contrasted with the certainty of the ruthless havoc that goes after the unimpeded march of the other evil.

In struma the prescription of this mineral is, of course, an unpardonable trespass on the bodily vigor. Scrofulous temperaments are so terribly shattered by the mildest doses, that they are never to be tested on a tolerance of mercurials. When, then, syphilis is grafted on such stock, or is affiliated with such a cachexia, the iodides, supported by ferruginous tonics, are alone admissible. If the scrofulous or scorbutic indices are with difficulty made out, the risk of exhibiting mercurials is justifiable; the disaster, if any, is not irretrievable.

Barring these idiosyncrasies, mercury is to be selected as the supreme remedy to repress the tertiary crops. To secure its wholesome influence, however, it must be given in moderate measure, insensibly increased, and for a protracted period. Ptyalism, happily, now is repudiated as an unmistakable warrant of the satisfactory surrender of the system to mercury. Had this chimera been earlier rent, much of the fulminating arraignment of mercury might have been lost to paper, and its right service conceded. It is secondary what special salt is worthy of the championship. The bichloride is more easily borne than the biniodide, while the effect from the latter is more speedy, more decided, but less permanent. The protiodide is the mildest of all, and can be given in pill-form more conveniently than the other, as its minimum dose is not fractional. The bichloride was administered at the "Bureau" with the comp. syr. sarsparilla, as this is a pleasant menstruum, not because of any specific alterative property which early syphilographers loved to attribute to the smilax. To this mixture was added the iodide potassium, occasionally the iodide sodium. Syphilitic ulcers were brought under daily doses of this compound for a week, after which local medication was started. This practice of preparing these ulcers for direct treatment, by first combating the virus at large, cannot be too highly valued. To the virtue of the measure a long line of recoveries testify. A trial was made, on twenty syphilitic ulcers, of the hydrarg. cyanide, in doses of $\frac{1}{10}$ grain. Of these, six had previously been under the bichloride, and were compelled to drop it on account of its irritation. Of the cyanide, it is to be remarked, that no paroxysms of colic attend its use, even when shoved to $\frac{1}{8}$ grain, and it rarely salivates. Diaphoresis was quite a marked concomitant of its administration; frontal headache annoyed a few; but there was no diarrhœa, nor signs of malaise. The cyanide remains in solution unchanged for any length of time, a decided gain on the bichloride. Among other remedies the iodide of gold operates successfully. The formula should order $\frac{1}{12}$ grain with a grain of phytolacca decandra. Osteoscopic sufferings are at once relieved by this pill. The far-famed and loud-croaked alterative, iodoform, has met with a generous reception at my hand. I am unable to report adversely on it, nor yet give it a good word. It is certainly inert, compared with the other medicines enumerated for increasing excretion, though it comports tolerably as an entrophic, when joined with the iodide of iron. It is by no means the strongest example of an eliminative, and if efficient at all, its influence is principally conservative.

The topical medication is purely auxiliary to the general treatment. Ectrotic agents are useless, yea, invariably incense the temper of venereal ulcers. As the venom has already spent itself, its germ is past destruction. All we can hope to do is to inhibit the continued segmentation of the seed. This is to be accomplished by taking advantage of the principle of imbibition given to the tissues, electrifying the sluggish and drooping granulations, and clearing the grounds of the putrid excretions that stick to sores of this grade. The propriety of disinfecting the parts need not for a moment be questioned. The fancy of surgeons in this line of therapeutics may run riot, with no detriment to the patient, in experiments with the legion of antiseptics in market. Carbolic acid dressings, now at the tip of fashion in our several hospitals, suit these sores in neutralizing the effluvia, but do no more. This article I do not believe is as potent to put an end to a fully formed septic process in tissue, as is maintained. During my service the liq. sodæ chlorinat. was prescribed as often, and acted more kindly and as speedily. Gargles of it were ordered always for syphilitic excoriations of the throat, and proved a pleasant detergent. Solutions of pot permang. and chlorine water were also added to the list. A compound known as "bromo-chloralum," was early brought to my

notice, and through the weakness of a Yankee curiosity, I dealt it out, to see its worth. Prepossessed as I am, by education, against medical amalgams whose formulæ are housed by the proprietors, I am constrained to allow some quality to this mixture as a deodorizing wash for this or any ulcer. Salicylic acid, were it not a surgical luxury, would be a prized accession to the catalogue of disinfectants. It is most friendly to ulcerated tissues, while it loses none of its antiseptic properties because of its blandness.

Syphilitic ulcers, having thus been cleaned, are to be smeared with some oil or ointment, which must be more than emollient, whose ingredients will approach in character to the so-called specifics selected for the constitutional treatment. Mercury or iodine, or both, are, then, the proper resolvents for the bases of these pomades. The choice of the particular salt is to be awarded to individual preferences. Fortunately for varied prejudices, chemistry has introduced or assayed these minerals under so many differences of combination as to content the whims of all. The protiodide is the member of the group *par excellence* that "hits" these ulcers. To apologize for my absolute confidence in this salt, I may be permitted to refer to my hospital notes, which tell of three hundred cases treated with it, all of which (excepting thirty-five) were discharged cured. Essays were made simultaneously on one hundred and forty with the comp. iodine, the blue, the white precipitate, and citrine ointments. The average time before cicatrization was insured by the protiodide was from two and a half to six weeks; with the others from three and a half to ten weeks. The majority of those originally not under the protiodide were submitted to it after four to seven weeks' trial of the other applications. Of these ninety, I recorded recovery for sixty-seven. The remainder did not report at the end of the term, while of the fifty not dressed with the iodide at all, only five healed. The prescription required two drachms to an ounce of simple cerate. Every sore was first washed with the nitric acid lotion (ʒ to Oj) and dried with lint. No strapping nor bandaging was in practice, and the inunction was repeated every third day. As a substitute for the cerate, ether was advised for peculiar cases, as small or isolated sores, as the vehicle of the salt. A drachm of the mercury was dissolved in ether, sufficient collodion combined with it, and the mixture applied with a brush. Ulcers on the face and vesicular rupia were always thus dressed. The oleate or glycer-amyl compositions of this salt are certainly the neatest and most permanent. In whatever shape the "green iodide" is used, three results will be noticed: first, the cicatricial sprouts start earlier than by other methods; second, the bridges of tissue are stronger; third, ulcers thus healed show less fondness for relapses. The work of regeneration goes on steadily, and so thoroughly that no part is slighted, and the breach quickly closes, with a scar so insignificant that it barely hints at the old order of corruption.

Communications.

VENOUS CONGESTION AS A PATHOLOGICAL CONDITION, AND BLOOD-LETTING IN RELATION THERETO.

BY GEORGE HAMILTON, M. D.,
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Read before the Philadelphia County Medical Society, February, 1877.

Venous congestion has not, so far as my memory serves, been presented to the society at any previous time as a special subject of discussion. This seeming neglect may, perhaps, be found in the fact that, for one case of this pathological condition, when profound, twenty, or rather an indefinitely larger number of an opposite condition—fever, arterial congestion and inflammation—will occur in the practice of the physician. This disparity, however, does not obtain in all climes; for tropical countries, as a rule, furnish a much larger proportion of congestive cases than are to be found in more temperate regions. Unfortunately, too, it is in the tropics that venous congestion of a quickly fatal character most frequently occurs, and either alone or in complicated connection with an inflammation exceptionally prone to the disorganization of tissue, results but too often in the death of patients and the devastation of whole districts as with the besom of destruction. In evidence of this we have but to revert to the terrible and graphic accounts given by writers upon the plague of Asia and Africa, or, as it was afterward named, during its desolation of Germany, "The Black Death;" or again, whilst ravaging Italy, "The Great Mortality."

In many places it spared neither man nor beast. An instance of the susceptibility of animals to its malignancy is mentioned by Boccaccio, in his introduction to the "Decamerone," where he writes: "The tattered clothes of a poor man who lay dead from the disease were thrown into a highway of Florence, when I saw two pigs approach and begin to root at, tear with their teeth and shake the clothes, the one into the jowl of the other, as pigs are used to do, and in the space of one short hour both, after staggering around a few times, as if they were poisoned, fell dead upon the rags." * The loss of life by these epidemics was of a magnitude that finds no parallel in modern times, unless in the outbreak of cholera in Hindostan, in 1817, and which spread thence, with more or less violence, over the greater portion of the earth.

Death from the plague, by whatever other name known, or however diversified in feature in the different countries it ravaged, generally occurred between the third and fifth days, preceded very often by an eruption of buboes in the groins and axilla, and boils with dark spots on different parts of the body; these characteristics of the malady being generally regarded as the products of inflammation and fever, although the latter was often very slight or absent.

It is to be remembered, however, that whilst the phenomena and effects of fever and inflammation were familiar to the physicians of those times, the symptoms, nature and results of venous congestion were almost unknown, and hence, but little, if any, of the deadly character of these epidemics was attributed to this element in abnormal physiology. From the different records of the plague it appears that although the deaths were most numerous between the third and the fifth days, yet an immense number died upon the second or first day; some, indeed, in six or eight hours after the attack. Admitting that the efficient agents in the causation of these fatal epidemics were of the most malignant nature, it seems scarcely credible that in the short space of a few hours, or in one or two days, fever and inflammation combined could result in the production of buboes, boils, and, still more remarkable, so great a change in the tissue of the lungs, that it was often in, or simulated, a putrescent condition. If, however, in addition to fever and inflammation, some other concurrent agency, eminently adapted to alter and subvert the correlated action of the nervous system, thereby depraving the condition of the blood, and as a sequence, deranging the action of the whole glandular system, should lend its influence, we will have at least a partial solution of the sudden destruction of tissue and its attendant collapse of vital force. No deviation from a normal physiology would so rationally explain the phenomena and fatality of these epidemics as venous congestion; for when profound, it exceeds every other morbid agent in the rapidity and fatality of its action; when less intense, it will powerfully aid other agents in the destruction of life. As tending to strengthen this view let us call to mind the phenomena observed in cholera Asiatica, a disease which some members must have had opportunities of witnessing. Granted, that violent irritation and inflammation of the mucous membrane of the stomach and bowels may be the causes of the profuse watery discharges that attend this malady, the general condition reveals, even to the eye, the unmistakable evidence that arterial movement is at the lowest ebb, whilst the signs of profound venous congestion are still more pronounced, and may be verified by post-mortem investigation. But to render this point still more definite, the evidence is conclusive, that in the cholera of 1832, in our own country, some of the slaves upon the plantations in Louisiana died of the epidemic not many hours after the attack, without either vomiting or purging, whilst in other patients, upon the same plantations, and living in the same quarters, the disease pursued its normal career; for disease has its abnormal and normal aspect. The whole nervous system in these exceptional cases is doubtless so deranged or paralyzed that reaction is impossible; the blood becoming, in a measure, poisoned, the veins congested with dark blood, while the arteries are nearly deprived of their life-giving current, and thus is the vital principle extinguished, as it were, at its fountain head, too soon to admit the usual train of symptoms. Intense venous congestion,

* "Che essendo gli stracci d' un povero nomo, di tale infermita morto, gittati nella via publica, ed avvendosi ad essi due porci, e quegli, secondo il lor costumi, prima molto col grifo, e poi co' denti presigli, e scossiglisi alle guance, in piccola ora appresso, dopo alcuno avvolgimento, come se veleno avesser preso, amenduni sopra gli mal tirati stracci morti caddero in terra."—Decamerone, Giorn. 1, Introd.

unless cholera prevail, is fortunately not of very frequent occurrence, except in special seasons and in certain portions of the South and Southwest, where it is generally found in connection with remittent or intermittent fever, and is often called congestive fever; an objectionable title, inasmuch as the term congestion simply indicates one special pathological condition which may occur anywhere, and in diseases of diverse etiology and history.

The mortality of every disease in which symptoms of venous congestion are strongly marked is greatly increased, nor will a moderate degree fail to embarrass the treatment and augment the danger. Intermittent fever will, sometimes in the North, more frequently in the South, assume a form so dangerous and so quickly fatal as to have gained for it the appellation of pernicious, malignant, comatose or apoplectic. The congestion in some cases appears to be arterial rather than venous; in others the two forms may commingle so obscurely as to make it difficult to decide which condition is the more prominent. Pernicious intermittent, in private practice, is rare in this city or vicinity, a single case only having come under my care, ending fatally by coma in the third paroxysm, during the night of the third day of illness, while the patient upon the morning of each day seemed scarcely unwell. Typhoid pneumonia, when epidemic, is prone to passive congestion, or, more correctly, the congestion is the chief agent in precipitating the patient at an early period into the typhoid state. Pneumonia in its usual form is often ushered in by chill or rigor, greatly protracted, so that reaction is so long deferred that venous congestion ensues and greatly augments the danger. The most striking case of this character in my experience occurred during 1831, my first year of practice. The patient, residing on Race street, west of Eighth, was a healthy muscular man, of twenty years. He had a severe chill and extreme difficulty of breathing on the first day. The next day, when my first visit was made, he was panting for breath, and if the movements of a fan, in the hand of his mother, were suspended for a moment, he would hurriedly and with effort call out—"I'll suffocate." His face was pale and dusky, the tips of the ears and nose were cold, the feet and hands cold, the nails of the toes and fingers darkly discolored, the pulse small, weak and frequent. These were the days when every physician had his lancet in his pocket; when much good and also much evil were done by the judicious, or injudicious abstraction of blood, just as now happens from the prudent or imprudent use of drugs of great power. Influenced by the views of Dr. John Armstrong, a vein was opened; the blood, quite dark at first, ran very slowly; it soon grew brighter and ran more freely until about ten ounces were withdrawn. Stimulants internally and externally were directed, and the patient was visited early next morning in conjunction with Dr. Thomas T. Hewson, my former preceptor. We were told that the patient had felt some relief for several hours after the venesection, but his actual situation differed in no marked degree from that of the previous day. Dr. Hewson was greatly surprised at his condition, for the coldness and discoloration of the finger and toe nails were nearly as great as on the previous day. On learning that up to the day of attack the patient had been robust, Dr. Hewson directed me to reopen the vein and take ten or twelve ounces of blood, and continue the stimulation with all diligence, as without prompt reaction he could not long survive, the case being (in his opinion) the most urgent he had ever witnessed. The arm had scarcely been bound up after the bleeding, when the patient said he felt better and could breathe more freely; the pulse also became fuller and slower. The doctor, on departing, seemed much encouraged by the change in the pulse, and thought he might yet recover; and so he did, gradually but very slowly, from the time of the second bleeding.

Many years ago, when bilious remittent fever was epidemic, four patients in the same house were at one time under my care. Of these, a girl thirteen years old, about the tenth day of the fever, which was mild, became nearly comatose, and thus remaining during four days, a consultation was requested by the parents. The physician called in, fearing a typhoid tendency, proposed, merely (for he lived too far away and was too much engaged with similar cases to repeat the visit), to stimulate gently, if in accord with my views. The proposition did not meet my views; in fact, bleeding, for two or three days before had been contemplated with hesitation, yet, was carried into effect on the day after the consultation, with permanent relief of the oppressed brain and recovery. Bilious remittent fever at this period would sometimes suddenly terminate in death in from four to

eight days, and every case of this sort, whose history came to my knowledge, showed, in the absence of inflammation or much arterial excitement, evident signs of passive congestion. The same unfortunate complication is, at the present time, not rare in sections of the country subject to epidemics of typhoid fever, and when it occurs, as it may insidiously and late in the progress of the disease, its management will tax to the uttermost the finest diagnostic and therapeutic skill. When measles are epidemic, cases will sometimes appear simulating those which were long since so fatal in Spain and other portions of Europe, called by some writers asthenic or typhoid measles. The case of a child comes to mind, where the eruption scarcely appeared, and turning dark the next day, death ensued on the day following. My impression then was, and so remains, that the error of treatment was my neglect of blood letting. It would be useless, however, to continue the citation of cases, for in nearly every disease, passive congestion may arise either at the invasion or at any period of its progress, and as before said, when occurring insidiously and late in the career of the disease, involves much perplexity and doubt as to the proper course to pursue. Time and again do patients pass away, especially in fever, without having shown any dangerous symptoms until perhaps two or three days before the fatal issue, when sudden collapse occurs. In these cases, the patient is often said to have died worn out and exhausted from debility, a term under whose shade any one of us may occasionally find a convenient refuge for his ignorance; for the physician, like other men, is not omniscient. Mere debility will seldom explain the suddenness of the deaths alluded to; for whilst the most rugged men and women may succumb in a few days, or even hours, when disease of great force suddenly assails and fixes upon a vital organ, nothing is more surprising than the tenacity of the vital principle when no severe local inflammation, violent fever, or venous congestion exists.

The opposition to, and the prejudice against blood-letting in any case is of long standing; nor was it until a recent period that a comparatively small number of practitioners have begun to question the propriety of the views still held upon this subject. A change in the type of disease—denied by some, yet admitted by many others—from a higher to a lower sthenic condition, was perhaps the first important cause of opposition to bleeding. The influence of homœopathy and Thompsonism was thrown into the same scale, under the specious outcry "that the blood was the life, and that he who takes a pint of blood robs the system of that amount of its vitality." These and other kindred influences exercised more or less control over the minds of many, until, at length, from one extreme the profession has, as generally happens, gone almost unconsciously to the other, while the middle path, which all experience proves to be, as a rule, the safer one, has been lost from sight. Blood-letting in disease has also been denounced as unnatural. Such an objection, however, might as well be urged against every drug employed, and exclude all powerful external applications in the treatment of disease. Those who entertain these notions seem to be oblivious of the fact that disease itself is an unnatural condition of the system, to such a degree, in fact, that food, the natural support of the healthy man, is generally to him who is sick the occasion of disgust and loathing. They forget that "They that be whole need not a physician, but they that are sick. But bleeding is not, in fact, so unnatural as some imagine, for nature herself often compels a discharge of blood, not only in cases of plethora, but also in fevers and other maladies of long duration, when the vital power is much impaired, and yet, when not profuse, may and often does prove critical and salutary.

That the blood should be called the life, the vital current, or be designated by any other title of similar import, is eminently proper and correct; but it is to be remembered that this is only in relation to the body and the blood in a healthy state, as, for instance, it is manifested in the bloom of the cheek, the sparkle of the eye, the quick, elastic step, and in the blithesome, joyous laugh of the maiden; or as it is seen in the stalwart, muscular form of the farmer, the mechanic, or the laborer, who goes to his daily employment, hard as it is, singing or whistling in the exuberance of spirit that so often accompanies robust health. The absolute necessity of a continuous supply of blood to every part of the organism is seen in the fact that syncope of but a few minutes' duration, or spasm of the heart, by arresting the circulation, will at once prove fatal. The continuance of health requires that the component parts of the blood should be in due proportion; that there be no deficiency of the red globules; and

that it be regularly distributed to every part of the body. The functions of the brain and spinal marrow, of the ganglia, and of the different classes of nerves and their correlation, can only be maintained under the conditions alluded to, and should there be failure here, abnormal movements must ensue; for the whole series of vital actions—the circulation, respiration, digestion, absorption and nutrition—depend for their support upon these conditions.

In passive congestion we have, then, just the opposite of that which is necessary for health. The blood—in the arterial system, where the more active processes of life are mainly effected—is greatly diminished in quantity, while the venous system is gorged with blood of dark color, from want of oxygen, and from excess of carbon, and is comparatively stagnant. Now, physiology teaches that this is the worst possible condition for that system in which life would seem to have its origin and being—the brain, the spinal marrow, and the various nerves connected with these centres; for it appears to be admitted that the closest reactionary relationship or affinity exists between the red globules of the blood and the brain, so that without the stimulus of the former, the latter suffers venous congestion, and, as a consequence, all the vital functions are weakened, deranged, or in a measure paralyzed. In this conjuncture, the indication—drawn not from theory alone, but from actual experience—is to relieve the oppressed brain and spinal marrow by the withdrawal of a portion of that blood which, so far from contributing to the support of life, is, every hour, in virtue of its pernicious quality, still further depressing vital movement. The fear and apprehension of injury, and dread of blame, in view of the existing opposition to venesection in the public mind, and the indifference of the profession, are quite natural; and, moreover, the very aspect of a profoundly congestive disease, independent of theoretical views and popular prejudice, has a controlling influence. The paleness of the skin, and in extreme cases, the cyanotic discoloration, the small, weak pulse, and the general apparent depression of the whole system, are sufficient to dissuade from the abstraction of blood, unless the judgment be fully convinced of the real source of this condition, and that in venesection is the most prompt means of relief from the impending danger. In another point of view the fear of injury is groundless; for the blood, in these cases, nearly devoid of its life principle, oxygen, has so impaired vital action that the flow, upon opening a vein, is at first so languid that, with the finger upon the pulse as a guide, it can at once be arrested, if the arterial circulation do not improve. This was the caution observed both in the first and the second bleeding in the case of pneumonia cited, and also in the case of the young girl who lay in a comatose state until blood was drawn; and it is in just such cases as the latter where the greatest difficulty will occur; for, unlike the former patient, where both venesections were within the first two days, the latter was not bled until the fourteenth day, hesitating in regard to its propriety for several days.

When venesection is decided on, and a decision should only be arrived at after mature and conscientious deliberation of every point involved, it is best to bleed at an early period, and, if possible, make one bleeding suffice (as should have been done in the case of pneumonia referred to) and thereby relieve more promptly and obviate the necessity of further venesection. In the existing state of feeling, both in and out of the profession, there may perhaps be room to regard what has been said as evidence of a boldness in practice not in consonance with my declared preference for conservatism in the treatment of disease. But this would be to misinterpret as well my views and practice in this connection; for disease, like storms upon the ocean, assumes only occasionally the violent form of the hurricane and tempest, and in either case prompt and energetic action, of the right kind, must be brought into requisition if it is hoped to avert the impending catastrophe.

The views thus presented will perhaps be regarded quite differently by practitioners of medicine. For while those who, like the speaker, have in their earlier years been familiar with the practice of blood-letting and its beneficial effects when judiciously employed, may concur in part or fully with what has been said, this is more than can be expected from the younger members of the profession. There are few of us who can, at all times and under all circumstances, resist the current of popular opinion and prejudice upon any subject, and when the question involves the mode of treatment of a dangerous malady, it will require more strength of character and purpose than most men possess, to disregard, entirely, prevalent views and sentiment, whilst, in support of

them, not a few of the regular profession and the entire corps of irregular practitioners give their sanction.

Again, the younger physicians have studied histology, physiology, and pathology of a more rigid and exacting character than that of former years. Now it so happened that the opposition to venesection, and the modern physiological school, had birth about the same period; and as the more consistent exponents and teachers of the advanced school of physiology and pathology are, in the management of disease, opposed to the active medication and depletion of former times, the pupils will, in great measure, incline to follow their example, and in this mode of practice, as a rule, we regard them as worthy of commendation. It must, nevertheless, be confessed that, as was to be expected in the difficult task the modern physiologist has assumed, never was opinion more discordant, nor theory more active in the support of, or in opposition to, views essentially antagonistic, than at the present time. Yet let us not despair, for this line of research is still in its infancy; and if, in the purpose of the divine mind, it be permitted man fully to reveal the mysteries of organization, of life, and of death, then indeed will the future physician rejoice in that flood of light which we have sought but never found. In the meantime, let no discouragements obstruct our daily path in discharge of incumbent duty; for it is not amid the incertitudes of disputed facts in physiology, nor in the maze of opinion in regard to the origin and intimate nature of pathological conditions, that the practitioner finds his chief support at the bedside of his patient, but in the assiduous and faithful study of disease, as it presents itself in an appreciable form, and in the light furnished by the experience, the close observation, and philosophical spirit of a Trousseau and a Niemeyer, a Murchison and a Stokes, a Jackson, a Flint, and many others of similar powers of observation and logical deduction.

LISTER'S ANTISEPTIC METHOD IN OVARIOTOMY—A CASE.

REPORTED BY C. C. SCHUYLER, M. D.,

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Miss. K., aged twenty-three; first came under observation in July, 1876. In appearance she was small-sized, of a sallow complexion, and apparently well nourished. Had always been healthy, and menstruates regularly. Family history fair; father died of typhoid fever; brother of consumption. She first noticed an increase in the size of her abdomen a year previous. It had steadily increased, she at this time presenting the appearance of a woman at full term. Upon examination the uterus was found to be of normal size and freely movable. Fluctuation could be distinctly felt over whole of abdomen; no alteration of sounds or form upon change of position. Diagnosis, an ovarian tumor, probably unilocular.

As she was suffering no essential inconvenience from the disease, she was advised to go into the country and await developments. She was again seen in December, 1876. There was but little increase in size of abdomen; she was greatly reduced in flesh, however, and there was well marked *facies cadavarica;* complained of loss of appetite, indigestion, and general malaise. An operation was advised, and it was suggested that she enter the hospital for that purpose.

She presented herself January 3d. On the 5th, Dr. McLean, surgeon to the hospital, assisted by myself and the medical staff, operated, Lister's antiseptic method being carried out in every particular. For spraying apparatus, two of Tiemann & Co.'s steam atomizers were used, they answering the purpose admirably.

Operation.—Ether was administered, the patient yielding to its influence in five minutes. An incision five inches long was made in the linea alba; the peritoneum was divided and the surface of the tumor exposed. Finding no adhesions, the contents of the sac were drawn off. The tumor, which was found to be unilocular, was then carefully lifted from the cavity, revealing a broad pedicle, of good length, which grew from the right ligamentum latum. There were no adhesions. The pedicle was tied in two segments, with carbolized gut, and brought out at the lower angle of the incision, and supported by a large acupressure needle. The incision having been closed, the parts were dressed antiseptically, and supported by a binder. No blood was lost during the operation, nor was a ligature used. The exposed portion of the pedicle was mummified with tinct. ferri. perchloride, after closing the incision. The operation lasted twenty-five minutes. The cyst and contents weighed twenty-seven pounds.

At the completion of the operation her pulse

was 120; temp. 99⅘. She rallied well. The following table shows the remarkable range of pulse and temperature during convalescence.

	PULSE.		TEMPERATURE.	
	Morn.	*Even.*	*Morn.*	*Even.*
Jan. 6	110	120	101⅗	102⅘
" 7	120	122	101½	101½
" 8	115	108	101⅘	101½
" 9	102	98	100½	100
" 10	94	100	100	100⅘
" 11	99	101	101⅘	101⅘
" 12	100	110	101	101½
" 13	108	111	100⅘	101
" 14	103	109	101⅕	101
" 15	118	..	101½	..
" 16	100	..	101	..
" 17	101	..	101⅘	..
" 18	102	..	100	..
" 19	103	..	100⅘	..
" 20	112	..	101⅗	..
" 21	100	..	101⅘	..
" 22	100	..	100½	..
" 23	102	..	101⅘	..

This condition of things continued until the twenty-fifth day, January 30th, when the pulse and temperature began to fall, and in a few days resumed a normal standard, when she was discharged cured.

On the morning of the fourth day she complained of griping pains in the bowels, which was relieved by an enemata of warm aqua menth. pip., it bringing away a profuse discharge of flatus. The pedicle separated on the eighth day. Small abscesses formed in the track of the sutures after their removal, and discharged themselves externally. My object in reporting this case is to show that good recoveries cannot always be expected to follow an antiseptic ovariotomy, even in a most favorable case; the present case, as an instance, certainly being far below the average.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Disinfectants.

BY R. W. MANSFIELD, M. D.

The object of disinfection is to prevent disease, which is the first and highest duty of the physician. To keep clean, it is sometimes said, is the only rule of hygiene, and that, if perfect cleanliness be maintained, disinfectants are unnecessary. This is a narrow view. We must accept the evils which belong to our modern civilization. A perfect sanitary state is hardly attainable in the present organization of society. If it were, there is no reason to believe that morbific matter would cease to exist, or cease to fix upon and corrupt our bodies.

The use of disinfectants began at a remote period. The empirical knowledge of the ancients, in not a few instances, has had a new birth in the scientific discoveries of the present era. The revival of the practice of disinfection and the stimulus which has recently been imparted to the investigation of the agents employed for this purpose, have awakened inquiry into the attainments of the ancients in this department of sanitary science. The result is that agents which modern investigations have found to be most effectual, were not unknown in the earliest period to which our knowledge extends. We learn that the most powerful catalytic, antiseptic and preservative, contributed by modern chemistry to the art of disinfection was employed by the Egyptians. I refer to the coal-tar compounds which, in several forms, were used by the embalmers. Sulphurous acid also appears to have been employed by the ancients to purify houses, etc. The Greeks and Romans understood the scientific application of drainage to the preservation of health, as is shown by the ruins of immense sewers.

To chemistry, a strictly modern science, we owe the numerous agents now employed for disinfection. A large number of substances have been introduced, of which some few only have maintained their popularity and justified the confident expectations of their authors.

I must next consider the substances upon which disinfectants are intended to act; these I will divide into two classes, viz.:—

1. Those developed in the process of putrefactive decomposition of animal and vegetable matter.

2. That peculiar organic matter to which we apply the terms *virus*, *materies morbi*, *morbific matter*, and *diseased germinal matter*.

With respect to the first class, it may be stated that there is no well-marked chemical distinction between the products of the putrefactive decomposition of animal and vegetable matter. It will be sufficiently accurate for my purpose, at least, to regard these products as identical. Organic substances, when removed from under the control of that force which we call vital, are exceedingly prone to change, which form of change we denominate putrefaction, putrefactive fermentation, etc. It is quite obvious that the most important substances upon which disinfectants are intended to act are those organized matters, or organized structures, which, introduced into the body, produce specific diseases. Our disinfectants, then, in order to be effectual, must be applied to destroy the noxious gases and the volatile products of putrefactive decomposition, but especially to attack and destroy the virus of disease. The destruction of foul odors avails but little, unless our disinfectants strike deeper, and destroy the

disease producing matter itself. It is, therefore, very important to know what is the seat of this disease producing matter. The morbific principles of small-pox and syphilis we know to be contained in pus; but the information we possess, with respect to the morbific matter of most of the other epidemic and contagious diseases is not so definite.

Disinfection, as applied in common usage, includes deodorization, as well as the power to antisept. These properties are different in character and mode of action, and are not necessarily possessed by the same agent. We should not fail to recognize the essential differences in the powers and modes of action of the various agents which have been proposed as disinfectants. If our knowledge of these agents and of the substances upon which they are intended to act were complete, we could classify them as *deodorants*, *antiseptics*, and *disinfectants*. The almost insuperable difficulty in the way of a correct classification is the different modes of action of the same agent. Thus charcoal, which physically restrains noxious gases, acts as a catalytic agent, Sulphurous acid deoxidizes and also arrests chemical changes, or in other words, acts as an antiseptic. For these reasons any classification must be more or less defective. The least objectionable is that of Herbert Barker, who divides disinfectants into three classes: 1. Agents that chemically destroy the noxious compound. 2. Agents that arrest chemical changes. 3. Agents that physically restrain the noxious compound.

In order to have a correct appreciation of the actions of these several kinds of disinfectants we must keep in view the two classes of matter to be disinfected. We have in the first class, it will be remembered, the volatile products of putrefactive fermentation, which may or may not contain the special virus; and in the second class we have the special virus, the *materies morbi*.

In the first place, we have agents or disinfectants that chemically destroy the noxious compound; to this class belong heat, ozone, bromine, iodine, nitrous acid, sulphurous acid, and the chlorides and sulphates of mineral bases. Heat is the most powerful and desirable. It acts by the chemical disorganization or oxidation of the noxious substances, and also, as an antiseptic by thorough desiccation, thus preventing chemical change and destroying the germs necessary to putrefactive fermentation. It likewise produces atmospheric currents and thus mechanically dissipates the morbific agents. Its utility as a disinfectant has been carefully investigated, and it has been proved that a temperature of 212° Fahr. destroys the materies morbi of small-pox; one of 200° Fahr. that of scarlatina, and that vaccine virus subjected to a temperature of 140° Fahr. is rendered totally inert.

Ozone plays a very important part in the economy of nature as a disinfectant. It exists normally in a pure atmosphere, and hence we must infer that it destroys noxious matters by oxidation. There is no evidence that it attacks the special virus of disease, but its force seems to be expended in destroying noxious odors, and it must, therefore, be regarded as a deodorant, rather than as a true disinfectant. Chlorine, bromine and iodine all agree as to the manner in which they produce their effects, but differ in the quality and extent of their action. Nitrous acid must be classed as an antiseptic as well as a deodorant, it being very destructive of living organisms.

The most important substances employed as disinfectants are those of the second class, viz.; antiseptics.

The antiseptics prevent action of all kinds. While the oxidizing disinfectants expend their energies in destroying odorous gases arising from decomposing matter, the antiseptics put the matter in a condition in which no change can take place, and consequently, no noxious gases can be given off. They destroy the germs upon whose presence and development the process of putrefaction appears to depend; hence it follows that true disinfectants, if there be any, must be found in the class of antiseptics. Two important agents of this class have already been alluded to, nitrous and sulphurous acids. The coal-tar acids, carbolic and cresylic, are very effectual agents of this class. The preservative properties of these acids have long been known. The pitch which the Egyptians used in embalming contained them. The vapor of burning tar, which is so firmly fixed in the popular esteem as a disinfectant, owes whatever efficacy it has to the presence of carbolic and cresylic acids. Wood smoke derives its power as a preservative of meat from the same source.

Agents of the third class are those which physically restrain the noxious gases. The substances chiefly employed are fresh earth, ashes, lime, and charcoal. A mixture of lime and charcoal, under the name of "calx powder," has been extravagantly praised by Dr. Squibb.

Application of Disinfectants.—The selection of a disinfectant is governed by the particular circumstances of each case. No single disinfectant is capable of fulfilling every indication. We can, therefore, consider this branch of the subject under two heads:—1. Disinfection of air. 2. Disinfection of solids and liquids.

Disinfection of Air.—The forces of nature, when not interfered with by man, are adequate to the work of maintaining our atmosphere in a healthy state. The carbonic acid continually added to the atmosphere by combustion, and by respiration of men and animals, is removed by the respiration of plants. Vast quantities of gaseous and volatile impurities, from the habitations of men, and from decomposing animal and vegetable matter, and minute solid particles, enter the air; the gases combine by diffusion with the whole body of the air; some of the impurities are destroyed by oxidation, and others, dissolved in the rain, are carried back to the earth. Becoming stagnant, the air

soon lapses into a septic condition, especially if favored by moisture and a high temperature. In the septic state, those minute organisms, always present to a limited extent, vastly increase in numbers; organic matters accumulate because the oxidizing agent has been consumed; carbonic acid increases, and oxygen diminishes, and the air quickly becomes unable to support the existence of breathing animals. No disinfectant can, it is obvious, take the place of ventilation. The air in which men live must be brought into immediate communication with the great storehouse of the atmosphere.

Ozone is the agent which appears to perform the work of disinfection in our atmosphere It may be used with safety and without inconvenience in the sick room, a merit which is not possessed by many of the most effectual agents. There is the further advantage that the fresh air which enters the sick-room from without may be charged with ozone so that disinfection and ventilation may be accomplished at the same time. On the other hand, it must not be forgotten that it has the power to excite a catarrhal inflammation of the respiratory passages, if contained in the air in too great quantity. This effect appears to be the result of individual peculiarities, and does not occur at all frequently. Ozone is especially indicated in all zymotic diseases in which the respiratory organs are not involved. It is considered to be a deodorant rather than a true disinfectant; yet, if furnished in sufficient quantity, it is supposed to attack septic matter and morbific germs floating in the air. In order to produce ozone artificially, take equal parts of peroxide of manganese, permanganate of potassium and oxalic acid. Two spoonfuls of this powder placed on a dish and moistened with water will be sufficient to disinfect a room of medium size, and will produce no cough. Chlorine has been much employed as a disinfectant. It has been highly recommended for the destruction of foul effluvia, contagious virus and deleterious miasms. It has often disappointed the expectations; it is certainly a most efficient deodorant, but is believed not to attack the materies morbi until the gases of putrefaction have been destroyed. It cannot be used to any great extent in the sick-room, on account of the irritation it excites in the air passages. In the form of the so-called chloride of lime it is the most popular of the disinfectants. It is largely used for gutters, alleys, cellars, and other unclean places.

Bromine ranks next to chlorine. During our late civil war it was used in the hospital wards containing hospital gangrene, but was not found to possess any advantages over chlorine. A solution of bromine in water, made by the aid of bromide of potassium, is a convenient form of using it.

Iodine. Richardson says that it has some influence over the materies morbi of small-pox; and Dr. Williams, in the *Lancet*, believes that it will not tolerate the presence of putrid animal matter or septic poison. Nitrous acid has entirely superseded nitric acid, and, as remarked by Parkes, has a very great effect on organic matter. The gas is readily generated by placing some strips of copper-foil in nitric acid. It must be used with great caution, on account of the irritation of the air passages which it produces.

Disinfection of the excreta of patients suffering with typhus, typhoid, the eruptive fevers, dysentery, cholera, etc., is a subject of importance. For this purpose we have a number of agents from which to select, viz.: permanganate of potassium, chloride of lime, zinc, copper and iron preparations, and carbolic acid. For the disinfection of clothing, heat to the destruction of the material is undoubtedly the best method, but unfortunately such procedure is not at all times applicable. It will be remembered that a temperature of 212° proves equal to the destruction of morbific germs without impairing the quality of the fabric.

In large cities much may be accomplished by a well organized board of health, in destroying materies morbi and checking the progress of epidemics by the wise use of disinfectants. My opinion is that chloride of lime strewn in alleys and gutters, and moist places, accomplishes but little by way of destroying specific disease-producing matter. I rather prefer Squibbs' calx powder, previously spoken of. All garbage barrels, and boxes, and garbage carts should be disinfected with carbolic acid or sulphate of lime. The contents of gutters should not be swept into the middle of the streets, but the gutters should be thoroughly flushed with water, and the openings to sewers should be charged with sulphate of iron and other disinfectants.

CONCLUSIONS.

For the sick room free ventilation, when it can be secured, together with an even temperature, is all that can be required.

For rapid deodorization and disinfection, chlorine is the most effective agent.

For steady and continuous effect, ozone is the best. In the absence of ozone, iodine exposed in the solid form to the air is best.

For the deodorization and disinfection of fluid and semi-fluid substances undergoing decomposition, iodine is the best.

For the disinfection of solid bodies that cannot be destroyed, a mixture of chloride of zinc or sulphate of zinc with sawdust is best. A mixture of carbolic acid and sawdust ranks next.

For clothing, exposure to a temperature of 212° Fahr., is the only true method.

For substances that may be destroyed, heat to destruction should always be used.

—A temple at Canton contains a series of beds in which married couples who are childless, under the supervision of the priests of the divinities, hope to attain fecundity by joining to their prayers every other means which may facilitate the miraculous result desired.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Tuning-Fork in Diagnosis.

Dr. H. McNaughton Jones says, in the *Medical Press and Circular*, March 14th—

Nothing in the examination of the ear requires the exercise of so much patience as the trial with the tuning-fork. Each experiment should be repeated a few times, and the patient kept in ignorance of the result expected. Deaf patients, especially the poorer ones, are often intensely stupid. To arrive at a truthful conclusion, we must try their accuracy several times. It is a good plan to return to a previous step in the examination, and to repeat the question as to the intensity of the sound. Constantly, patients will at the same examination contradict assertions which a minute before they have made with the greatest confidence. I find it often, at the hospital, a trial, not alone of the tuning-fork, but still more of my patience, to elicit the truth which they quite unintentionally obscure. I generally adopt the following method of testing whether the deafness be unilateral or bilateral:—

1. Ascertain if the sound is heard louder in either ear, the meatus of each remaining open.

2. If the sound is heard louder in either ear, or the contrary, the meatus of each having been closed alternately with the finger.

3. If the sound, as heard with the meatus of each ear closed, is louder as contrasted with its intensity when both ears are open. This I do by making the patient, with his thumbs in readiness, quickly close the ears on placing the tuning-fork on his head, and by testing him alternately with both the ears open and closed.

We have, by the speculum, excluded any cause which can exist in the external meatus, such as cerumen, polypus, epidermis, or foreign body. We wish to arrive at a conclusion as to whether the deafness and tinnitus are due to tympanic obstruction or to disease of the nerve. First, a patient hears badly in the right ear, and well in the left. With the tuning-fork on the head in the first step of the examination, he hears it loudest in the right ear. The presumption is—mucus in the cavity of the tympanum of that ear. On closing the left ear the sound is intensified in it, equaling, if not exceeding, that heard in the right one. On closing the right one the sound is not increased, as a rule. The diagnosis is complete in the vast majority of cases; it is one of obstruction in the cavity of the tympanum.

Secondly, a patient is deaf in both ears, with or without tinnitus. The tuning-fork placed on the head is heard loudly and equally in both, and there is no difference, or very slight, on closure of either meatus. We diagnose mucus in the tympanum of each ear.

Thirdly, a patient is deaf in the right ear, with or without tinnitus. The tuning-fork placed on his head is heard louder in the left ear. We assume nervine deafness of the right ear. On closing the left ear, the sound is intensified in it; on closing the right, there is no difference; in my experience in the majority of cases it is, of the two, less. We confirm the diagnosis of nervine deafness in the right ear.

The valvular action of the tube has the most important bearing on our knowledge of Eustachian deafness. Closure or occlusion of the tube leads to rarefaction of the air in the tympanum, which, while it may filter out, is not restored or renewed. Then follows an accumulation of mucus in the tympanum, and an increased concavity of the membrane, and finally hardening of the secretion, contraction of the membrana tympani, and thickening and adhesion of the membrane lining the cavity, with accompanying changes in the ossicles.

On Milk Diet.

Dr. Tarnier, of Paris, recommends milk diet in obesity and albuminuria. In the latter disease he orders for the first day, one quart of milk with two portions of food; for the second day, two quarts of milk, and one portion of food; for the third day, three quarts of milk and one portion of food; for the fourth day and afterward, four quarts of milk and no food at all. In the treatment of obesity, it is not necessary to adhere so rigorously to the milk diet; a small quantity of ordinary food may be allowed. The patient may take the milk in such quantities and at such times as she likes, provided she takes the prescribed quantity *per diem*. The duration of the treatment will vary in different cases. If diarrhœa set in, it is a sign that the treatment is not well borne. When the desired effect begins to show itself, it continues even after the treatment is suspended.

In the *Lancet*, Dr. George Johnson commends it most highly in chronic diarrhœa, dysentery, and acute Bright's disease. The chief stress is, however, laid upon the value of the method in acute and chronic cystitis; and one case of rapid and complete cure in a very severe case of two years' duration is reported.

The milk may be taken cold or tepid, and not more than a pint at a time, lest a large mass of curd, difficult of digestion, form and collect in the stomach. Some adults will take as much as a gallon in the twenty-four hours. With some persons the milk is found to agree better after it is boiled, and then taken either

cold or tepid. If the milk be rich in cream, and if the cream disagree, causing heartburn, headache, diarrhœa, or other symptoms of dyspepsia, the cream may be partially removed by skimming. One reason, among others, for giving the milk, as a rule, unskimmed, is that constipation, which is one of the most frequent and troublesome results of an exclusively milk diet, is, to some extent, obviated by the cream. As a rule, it is unnecessary to add bread or any other form of farinaceous food to the milk, which in itself contains all the elements required for nutrition. When the vesical irritation and catarrh have passed away, and the urine has regained its natural character, solid food may be combined with the milk, and thus a gradual return may be made to the ordinary diet, while the effect upon the urine and the bladder is carefully watched. There are some patients with whom, unfortunately, milk in any form, and even in small quantities, decidedly disagrees. Dr. Johnson suggests the employment of milk diet as a preparation for the operation of lithotomy, and states that he has seen two cases in which the vesical irritation and catarrh resulting from a stone in the bladder were much mitigated by the milk diet; the patients being thereby brought into a more favorable condition to undergo successfully, the one the operation of lithotomy, the other that of lithotrity.

The Medical Use of Baths.

Prof. Hebra says on this subject, in a lecture translated in the London *Medical Record*—

The rule for the duration of a cold bath must depend on the feelings of the individual, and on the actual effect produced upon his skin. Theories grounded on the actual physical withdrawal of heat from the body by cold air or cold water are refuted, not only by the experience of travelers, but also by careful observations at the bedside. I will only say, in passing, that the mortality in enteric fever, and in scarlatina, is not lower when the patients are bathed in cold water, or wrapped in wet sheets, than when the treatment is purely expectant.

The proper time to stay in a warm bath has also been recently discussed. There are physicians who will not allow more than ten minutes, and stand anxiously over the patient, watch in hand, lest the period should be exceeded. How far this may be in the interest of the patient, or what is the use of these short baths, I do not know. But the facts that a patient often feels comfortable while in the bath, and soon afterward, but in a few hours begins to suffer from tension of the skin, itching, and smarting, and that at many watering places, as at Leuk, the patients are prescribed several hours in the warm bath, have led me to make experiments, in order to answer the question how long a man may stay in a warm bath without injury to health.

I began with two hours; increased these to twenty-four; then advanced to days; and at last extended the duration of the warm bath to from one to nine *months*. I found that people can eat, drink, and sleep just as well in a continuous warm bath as out of it; that nutrition, respiration, and excretion go on as before; that they are not troubled with skin diseases which are painful and obstinate out of water; and that affections are thus cured which have resisted the most persevering and varied treatment. These experiments, which I have carried on since the year 1862, have also proved that baths may be employed continuously in cases in which they were supposed to be most dangerous—during menstruation, in the case of epileptics, and in spite of an access of pleuropneumonia.

The Diagnosis of Adherent Pericardium.

Dr. Libson, in the last volume of Reynolds' *System of Medicine*, gives some suggestions on the diagnosis of adherent pericardium. In this condition he observes the cardiac impulse to be extended in all directions. The walls of the chest in the præcordial region may be either thrust forward during systole, and dragged backward during diastole, or *vice versâ*. Both sternum and cartilages may be drawn inward with systole, and spring outward with diastole. But an observation of the effect of deep inspiration upon the area of cardiac impulse is the most important means of diagnosticating adherent pericardium. "When the heart is not adherent, a deep inspiration, by drawing down the heart, and covering it with the expanded lungs, causes a complete transfer of the impulse from the fourth and fifth spaces to the epigastrium and the sixth and seventh cartilages; but when the heart is adherent, the outspread dragging impulse almost retains its position during a deep inspiration, neither materially lessening its area over its upper border, nor increasing it below."

Employment of the Hand in Rectifying Vicious Presentations of the Head During Labor.

In the *Annales de la Société de Médecine de Gand*, Dr. J. Paris draws attention to three positions of the fetal head at the brim which he is in the habit of changing when they are diagnosed:—1. Head flexed in all positions; 2. Occipito-posterior presentation; 3. Mento-posterior presentation. He introduces the whole hand, under chloroform, into the vagina, the back of the hand lying in the hollow of the sacrum; the other hand is on the fundus uteri. He seizes the head and raises it; in the first and third cases he only flexes the head more or less. In the second case, the occipito-posterior, the manœuvre is more difficult; the head is seized and raised with the right hand, and an attempt is made to turn the occiput round to the front, whilst the left hand acts on the shoulder, which is in front, and endeavors to push it backward. Dr. Paris relates a case of mento-posterior presentation, where efforts had been made for an hour to procure rotation, with-

out success. He introduced his hand, raised and flexed the fetal head, and extracted a living child, in a few minutes, with the forceps.

Hint on Removing Foreign Bodies from the Eye.

Prof Dugas, of the Atlanta Medical College, says, in the New Orleans *Medical and Surgical Journal*, March, 1877—

It is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his moving the eye at the approach of the instrument or on its contact with the ocular surface.

By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

Reviews and Book Notices

BOOK NOTICES.

Johnson's New Universal Cyclopædia. Vol. ii.

The general scope and plan of this Cyclopædia we sketched in our notice of the first volume (see Reporter, current volume, p. 183). In the second volume are a number of articles on medical science in its various branches. To these we shall now give especial attention.

The first to attract notice is that on "Fermentation." The author is Dr. C. F. Chandler. He gives a succinct account of the various forms of fermentation, with illustrations of bacteria and the yeast plant, concluding with a very full bibliography.

The article on "Germ-theory of Disease" is by the editor-in-chief, President F. A. P. Barnard; and as he is not an M. D., it would have been much better written if he had handed it over to one of his many able assistants who own that title. As it is, it is much below the average medical articles of the work.

The subjects, "Heart" and "Heart Diseases," are treated with great clearness and extraordinary condensation, by Dr. Alonzo Clark, who shows himself a complete master of the subject.

On the subject of "Histology," Dr. J. J. Woodward treats us to twenty pages of admirable material, well illustrated, and most lucidly set forth. The bibliography is especially rich.

Dr. Charles P. Russell, of New York, contributes the article on "Hydrophobia." It is a careful summary of what we know about the disease.

The medical and medico-legal relations of insanity are discussed with marked ability by Dr. William H. Hammond, while its strictly legal aspects are explained by Mr. George Chase.

Medical jurisprudence is handled concisely by Dr. John Ordronaux, whose rank as an authority will not be questioned.

Beside these which we have specified, there are a large number of other medical topics in the volume, as well as many very admirable essays on chemical and physical subjects germain to medical studies. A further examination convinces us that there is no equal, among cyclopædias, to this one, in point of freshness and completeness of scientific contributions.

Principles of Theoretical Chemistry, with Special reference to the Constitution of Chemical Compounds. By Ira Remsen, M.D., PH.D., Professor of Chemistry in the John Hopkins University. Philadelphia, H. C. Lea. Cloth, 8vo, pp 231.

Theoretical Chemistry is generally a terrible bugbear to students of medicine, and precious little, as a rule, they manage to get along with. When it comes to discussing quantivalence, and substitution, dyads and hexads, quinones and diazo bodies, and those compound names which transcend in length and consonantal array anything in High Dutch or Sanscrit, the average student gives up in sheer despair.

Dr. Remsen has, therefore, done a good work in preparing a handy little volume, which, with no needless verbiage nor obscurity, sets forth the received chemical theories, and explains the notation and formulæ now most in use. That was his object, and he has accomplished it very creditably. In its branch, his is the best manual we have seen. The subject is an extremely difficult one to render clear, partly because there is a diversity of opinion as to the ultimate chemical constitution of matter, partly because every theory of it must be abstract and symbolic; but the author has overcome these difficulties quite as completely as any one we have read.

THE

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CAUTIONS REGARDING INTERMENT AFTER DEATH FROM INFECTIOUS DISEASES.

That the dead should kill the living seems a paradox; yet nothing is more true. Indeed, we venture to say that every year, in our land, corpses murder more people than assassins do. Not only have intra-mural interments poisoned whole blocks and quarters, not only has drinking water contaminated by graveyards yearly spread disease and death through country hamlets, but, before the process of decomposition commences, there is often a great and pressing danger from infectious disease. We quote a recent instance:—

"Dr. GOLDIE, the Medical Officer of Health for Leeds, England, in his report to the local authority, states that every one of thirty people who attended the wake of an Irish girl who recently died in that town from typhus fever, were attacked by the same disease, and no fewer than nine of the cases ended fatally."

So strongly have the needless dangers of exposure at funerals impressed the medical mind, that the Health Board of New York have now issued a circular recommending that no public or church funerals should be given to persons dying of either diphtheria, scarlet fever, measles, or whooping cough.

In Chicago, also, where scarlet fever and diphtheria have been severe this past winter, the recommendation of one hundred medical men in council was in these words:—

"There should be no public funerals of any patient who has died of any infectious or contagious disease. Remember that the separation of the sick person from the well is the most certain means of preventing the spread of the disease."

A writer in the Baltimore *Physician and Surgeon*, last December, went so far as to advocate the passage of a law on the subject (the average American man looking upon a "law" as the cure-all on every occasion). He thought it should embody the following provisions:—

1. Whenever any one dies of contagious disease the publication announcing the death should state the cause of death.

2. No person except the immediate family should be permitted to attend the funeral, and the handling and burying the body should be entrusted to persons who devote themselves to that business.

3. A sufficient number of carriages should be kept for the special purpose of attending these funerals, and the hiring them for other purposes should be prohibited, under the severest penalties.

These are good suggestions, but people should learn and obey them out of a natural sense of sanitary propriety, not out of obligation to a statute.

NOTES AND COMMENTS.

On Vegetarianism.

A discussion on this subject took place at a recent meeting of the Medical Society of London. True vegetarians, it was urged, ate neither butter, eggs, nor milk.

Sir Joseph Fayrer related his experience of the effects of this diet among the natives of India, and said he had no doubt that people

could live on vegetables alone. He had seen some of the finest specimens of the human race, as regards strength, power of endurance and physical development, among the inhabitants of the Northwest provinces of India, who were pure vegetarians; but he accounted for their condition from the fact that their food consisted chiefly of leguminous seeds, such as peas, beans, and the like, which contained a larger amount of nitrogen than other vegetables.

The President, Dr. Buchanan, remarked that in the discussion several factors should enter—as age, which was a considerable element, as no doubt people advanced in years appear to thrive on a vegetable diet, whereas children require almost a pure animal diet. Again, climate was a great factor; and in the treatment of disease it could be strongly advocated; while, lastly and chiefly, temperance must be enforced, avoiding excess in the use of animal food, and taking, in fact, a middle course.

Transfusion with Animal Blood.

In the *Archives de Physiologie*, Dr. Albertoni, of Sienna, states that blood transfused into an animal from one of a *different* species will not serve to form living tissue; the corpuscles dissolve, and their coloring matter is eliminated by the urine, whilst their stroma, stopping up the capillaries, obliterates them, causing grave accidents, and even death. The danger of transfusion from one animal to another of a different species is due to the corpuscles, and not to the plasma, as is shown by the circumstance that the injection of serum is devoid of danger. He finds, further, that the injection of an acidulated solution of the ashes of a certain quantity of incinerated blood of one animal into the veins of an animal of different species is not productive of abnormal phenomena, whilst the injection of the blood itself is fatal.

Possible Dangers from Salicylic Acid.

It behooves the admirers of new remedies to be cautious in the use of this acid. M. Blandeau, of Paris, states that, according to dentists, this agent has injurious effects on the teeth. English observers have noticed its effect on the bones, and necrosis of the tibia has been assigned to its use. It evidently possesses considerable affinity for the calcareous salts of bone, as we see the urine loaded with lime salts in an ultra-physiological proportion, from the internal use of the acid. The salicylate of soda presents the same dangers.

If these facts are confirmed, and their verification should be easy, the therapeutical employment of salicylic preparations should be condemned.

Extension of "Colles' Law."

Readers will recollect that in an earlier number of the Reporter (January 20th, 1877), was given a synopsis of the doctrines of syphilographers regarding "Colles' Law." In a late number of the London *Medical Times and Gazette*, Dr. James McCraith, Surgeon to the British Hospital, Smyrna, not only endorses the law, but gives a case showing "*that an infected child* (*infected from a foreign source*), *though capable of communicating the disease to a strange nurse, is incapable of infecting its own mother.*" This case was published in the *Medical Times and Gazette*, March 19th, 1859, to show the contagiousness of the constitutional disease. The mother nursed her child, and continued to do so after the disease was diagnosed as syphilitic. The child, as there shown, contracted the disease from a nursery-girl. A healthy peasant woman was called in to nurse the child, which she did frequently during the day, the extreme heat of the weather having told on the mother's health, and compelled her to have recourse to the peasant woman's assistance. This peasant woman contracted the disease from the child, communicated it to her husband and three or four children; passed herself through all its stages—eruptions, ulcerated throat, etc.—and finished by having syphilitic disease of the bones, nodes, etc. One of the latter on the os frontis suppurated, and has left a most perfect example of what the old surgeons called "corona veneris." She got well after some years of treatment. The mother has never had the slightest symptom of the disease, and has had other children, all healthy, since then.

Milk-Beer.

The *Sanitarian* quotes from a French source a description of this new beverage. M. A. Chevallier speaks of the new product of *lacto-alcoholic* fermentation, which he calls *la Bière de Lait*, as one destined to occupy an important place in alimentary hygiene. The manufacture of this beer rests on the same principle as that

of other beer, except that milk is used instead of water, in its preparation.

This beer has a yellowish color, and a density a little greater than ordinary beer; the proportions are 950 gram. (or 30.7 ounces) to the litre (2.113 pints), for ordinary beer; while milk-beer weighs 980 gram. (31.4 ounces) to the litre.

The taste is pleasant and less bitter than the generality of malt liquors.

This milk-beer is considered an alimentary beverage, agreeable to the taste, uniting the aromatic and the bitter principles of the hop, and the nutritive, tonic and analeptic principles of the milk and the malt.

Pathology of Tubercle.

Dr. Granger, physician to the Paris Hospitals, has just published the results of his researches on the general "Pathology of Tubercle," ending in the statement that, contrary to Virchow's views, tubercle is a product which is quite susceptible of being organized, and presents two stages of evolution, and two distinct parts, a central one, proceeding from epithelium, which tends to speedy destruction, and a peripheric zone, which is capable of being organized and going through fibrous transformation. This view, if correct, may be attended with some practical and therapeutic consequences.

Casca Bark.

This is the "ordeal poison" of West Africa. Dr. T. L. Brunton says of it, in a recent lecture—"In casca we possess a drug which strengthens and slows the heart, contracts the arterioles, and increases the urine. Digitalis has hitherto been our great resort in mitral disease, but I think it probable that in casca we possess a drug more powerful still; at least its effect upon the arterioles appears to be greater than that of digitalis, and it is quite possible that it may succeed in those cases of advanced mitral disease where digitalis fails."

The Lesions from Alcohol.

An English contemporary justly remarks that immediate death from excessive drinking is a rare thing, and the number of such deaths is very little criterion as to the mortality caused by drink. Drunkenness kills not so much by sudden death, as by exciting comparatively slow processes of disease and degeneration, which appear in the mortality records under various names, but generally in no immediate association with the alcoholism which has largely caused them. Such processes are some forms of Bright's disease, of heart disease, of liver disease, of dropsy, of rheumatism, of vascular disease, of paralysis, etc. These degenerative processes are known, by medical men, to to be common in men who drink but are scarcely ever drunk.

The Registration of Disease.

Dr. J. L. Cabell, of the University of Virginia, writes to the *Sanitarian*—

I should be glad if you could arouse the members of local medical societies to a sense of the importance of an exact system of registration of disease within the limits of their respective districts, and, in connection therewith, to make a careful investigation of the causes of all preventable diseases. If this were done in only a few districts at a time, and the results were published, it would be an example and encouragement to others, and there might thus be gradually accumulated the materials for a sanitary survey of various portions of our country, which would be the beginning of a grand work, to be hereafter perfected under the auspices of a Sanitary Bureau of the National Government.

The Reporter has often urged the importance of this step.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

No. XIII—CLIMATIC CALIFORNIA.

Ed. Med. and Surg. Reporter:—

I now take you to that part of the State which some writers have called Semi-tropical California; but which, from its peculiar suitability as a residence the year through for consumptives, it would be better to call Climatic California. If you leave San Francisco (Oakland) by rail, the course lies through the southern portion of the great California Valley, called, because drained by a river of the same name, the San Joaquin. For a similar reason the northern part of the valley is called Sacramento. This great valley is three hundred and fifty miles long by fifty wide, hemmed in by the coast ranges of mountains (forty miles wide) on the west, the Sierras (seventy miles wide)

on the east, and by the commingling of these separate ranges on the north and south, at latitudes of 35° and 40° respectively. This valley has a winter rainfall (November to April) of from eighteen to thirty-eight inches, and the heat of summer is excessive, often rising to 1108 Fahr. in the shade. This heat, however, has a peculiarity that I shall again refer to, of being endurable and non-enervating. The commingling of the coast and the Sierra Nevada ranges renders the crossing of the mountains necessary for the railroad to leave the valley. This is done at the Tehachapi Pass, which has an elevation of 3964 feet above sea-level.

I left San Francisco for Los Angeles January 29th, at four P. M., arriving at my destination next day at quarter past one P. M. The fare was twenty dollars (gold), sleeping berth two dollars and a half, and supper and breakfast collectively a dollar and a half. Distance 470 miles. One can go by steamer to Santa Monica and thence by rail, about twenty miles, to Los Angeles, in double the time and for half the money, meals, state-room, etc., included. When I got out at Mojave (elevation 2751 feet) for breakfast, I experienced a dry, crisp, exhilarating air, and my Ulster felt perfectly comfortable. Anywhere along this road, from Caliente (elevation 1290 feet) up to the top of the pass, and thence down to Newhall (elevation 1152 feet), where you take the stage for San Buenventura and Santa Barbara, is a capital climate for consumptives. High winds sometimes sweep across, and occasionally in winter there may be light frost. But a dry, frosty morning is to the lungs as ice to champagne, cooling, froth repressing, and invigorating; and a consumptive makes a great mistake who is afraid of either. From San Fernando to Los Angeles we drop from an elevation of over a thousand down to one of two hundred and fifty feet, and in doing it one runs from what in the east would be the barrenness of early spring to the verdure of early summer and part of the fullness of autumn. When I arrived at Los Angeles, midday, January 30th, the thermometer was 65°, the grass was green, flowers were in bloom, and the orange orchards hung heavily laden with their golden crop.

The business portion of the town of Los Angeles is disappointing to those who expect either cleanliness or beauty. A dirty, crowded Chinese quarter, an equally filthy and unattractive Mexican one, joined to a conglomerate of stores, hotels, dwellings, and livery stables, hardly present a *tout ensemble* worthy to be christened city of the angels. The town, however, is most beautifully situated, and its suburbs, particularly the western, show miles of homes and their surroundings, where taste has kept pace with outlay. Every country house has its attendant sentinels of tank and windmill, necessary adjuvants in the long dry season.

North of Los Angeles the Coast and Sierra Nevada ranges of mountains join, and run parallel with, and from fifty to seventy-five miles from, the sloping southeast coast. The wide, fertile plain sloping west and south from Los Angeles to the ocean, is thus unbroken by hill or mountain.

The diverging lines of rail to Santa Monica, San Pedro and Anaheim seem to run on a dead level. As the plain runs east toward San Bernardino, it gradually ascends, Colton, the station for San Bernardino, having an elevation of nearly one thousand feet. Following the railway further southeast, we cross the San Gorgonio Pass, elevation 2560 feet, go through a depression, probably the bed of an inland lake, twenty feet below sea level, and arrive at Fort Yuma, in the southeastern corner of the State, on the Colorado River, 150 feet above the level of the sea.

On the plains whereon are situated Los Angeles and Anaheim, grow the orange, olive, lime, lemon, grape, almond and English walnut to perfection.

Every afternoon, in summer, as regularly as clock-work, comes wafted over the plain the sea-breeze. Modified by the intervening land, it brings refreshing coolness. In winter the "Northers" sometimes blow over this plain, but they are dry, more than cold winds, and only dreaded by the farmer as robbing the land of its moisture. The south and southeast winds, which are warm, are the only ones that bring rain. Cold rains are not a feature of this country.

On this plain, from fifteen to twenty miles back from the sea, many pulmonary invalids have settled, with the greatest advantage to their health.

Some of the prettiest and most refreshing of places that one sees have been built up by consumptive settlers, who found here a climate wherein they could comfortably exist.

The days after my arrival in Los Angeles were, I think, the most perfect, climatically, that I ever experienced. As I have before told you, the present season, 1876-77, has been one of drought, and it may have been my good fortune to witness a greater number of clear, fine days than the winter usually produces. But a year or two previous an invalid kept a record of the weather at Anaheim, with the following result. December, January, and February, out of doors all day, eighty-one days. Confined in-doors by bad weather, nine days. Here is a random record of temperature during my stay in Los Angeles.

	7 A. M.	10 A. M.	3 P. M.	6 P. M.
Jan. 30th	50°	59°	67°	60°
" 31st	54°	60°	69°	62°
Feb. 1st	52°	82°	67°	63°
" 17th	46°	60°	68°	61°
" 19th	49°	62°	71°	64°
" 20th	48°	66°	72°	68

The nights were always cool, and no annoyance was experienced from mosquitoes. I would recommend the invalid, however, to stop

in Los Angeles, or any other considerable town, only so long as he is perfecting his arrangements for country quarters. The air, associations, social customs, pursuits and amusements of a large settlement, are incompatible with the life one should lead who has to give up everything in his search for health.

The finest district of country for the invalid in Los Angeles county is east and north of the town, toward the old Spanish mission, the fruit belt, and the Indiana colony. In all of these one is far enough removed from the sea not to feel the direct sea-breeze, but at the same time, on the principle of transfusion of gases, to be secondarily benefited by it. The mountain air and the sea-breeze here commingle, and the result is a perfect atmosphere. In one of the beautiful orangeries of the fruit belt we picnicked on the 20th of February. Blankets and shawls were thrown by a little lake, on the surface and amid the reeds of which swam a number of wild ducks. A cool spring near by added zest to the lunch, and our oranges for dessert were plucked fresh from the trees. From under our leafy shade we could see plain and distinct the long line of snow-capped Sierras, seemingly only a short distance, but in reality miles away. About that time, if I remember rightly, they were having snow in New Orleans, and the whole country east of the Rocky Mountains was the scene of cold, violent storms.

In latter February we had green peas, asparagus, and strawberries, in the Los Angeles market.

To be Continued.

Puerperal Convulsions—Prompt and Efficient Bleeding—Recovery.

Ed. Med. and Surg. Reporter:—

On the 24th of February I was summoned to see E. H., a young lady, who had nearly succeeded in concealing her real condition. Before I reached the house she had given birth to a female child at full term. I removed the placenta, shreds of membrane, clots, etc., and applied the binder, and as all seemed to be doing well, within an hour I left the house. It was now about 11 A. M. At 3 P. M. I was called again. I found the patient restless, dull and incoherent in speech. She complained to the attendants of headache and obscurity of vision. I tested her temperature, found it normal. Pulse 74, and soft. I suspected her of moodiness, and left her under the care of her nurse, to be called again if any change for the worse occurred.

At 9 P. M. I was called in great haste, but being out of town, another physician was summoned. I returned, received the message, and repaired to the house before the other physician arrived. I soon learned the patient had had five or six very severe epileptic convulsions, scarcely ten minutes elapsing between them. The patient was unconscious, breathing heavily, pulse soft, not frequent, and pupils dilated. Bloody froth was oozing from the mouth. She had bitten her tongue severely. I put a cord about the arm, and from the median basilic I drew, in a full stream, probably thirty ounces of dark blood. In two hours she had one more convulsion, and at 3 A. M. she had four more convulsions in rapid succession, scarcely recovering from one when she went into another. These were of the most violent character. The respirations were now forty per minute. In these last convulsions she lost a large quantity of blood from both arm and vagina. As soon as she could swallow, I gave large doses of bromide of potash at intervals of an hour. No more convulsions occurred. Next morning I drew off with a catheter a quart of dark-colored urine, very albuminous.

At midday on the 25th she was much improved and consciousness and vision returning. Gave several injections per rectum, till I succeeded in unloading the bowels. Continued the bromide for ten days, at intervals of four hours. About the fifth day she had a copious secretion of milk, which continues still. Violent diarrhœa occurred about the same time with the milk. This, however, was easily controlled. The patient is now about well.

The above case, E. H., aged 19, and primipara, did housework to the hour of her confinement. She complained frequently of lameness of the hip. Two or three weeks previous to her illness I examined her feet and lower limbs, which were considerably swollen, pitting slightly on pressure. Numerous questions failed to elicit any satisfactory answers, and I was obliged to attribute the œdema of the lower extremities to her pregnancy.

This, then, was not a case of eclampsia from irritation. The convulsions did not occur till at least ten hours after parturition. The urine was loaded with albumen, and the œdema of her lower limbs and feet would seem to indicate that albumen might have been detected in the urine for some weeks previous to her confinement.

A. D. Binkerd, M. D.

Kansas City, Penn.

Was it Embolism?

Ed. Med. and Surg. Reporter:—

On March 9th, 1877, Mrs. H. M. W., aged forty-five, was visited by my partner, Dr. G. W. Van Zant, and found to be suffering with pneumonia involving the whole of the right lung. The attack was quite severe (among other bad symptoms, the sputa consisted of pure blood during the greater part of her sickness), but she was dismissed as convalescent on March 21st, when everything seemed favorable for a speedy return to health. The treatment I do not consider it necessary to detail, except that carbonate of ammonia entered into it quite largely, both as a stimulant and a preventive of heart clot.

On the evening of March 22d was summoned hastily to see Mrs. W. Found her suffering severely with pain in the calf of the right leg. Learned that on rising from bed to pass urine,

a few hours previously, this pain had suddenly commenced, and had steadily continued up to the time of my arrival. The foot was perceptibly colder than the other, and the pulsations of the posterior tibial artery were scarcely perceptible. The pain was severest at a point corresponding with the usual place of giving off of the peroneal from the posterior tibial artery. The leg was somewhat swollen but not œdematous. No constitutional symptoms. Temperature normal. Patient stated that she had noticed a dull, heavy pain in the region of the heart for several hours previous to the time when the pain in the leg came on.

Bearing in mind the special liability to the formation of heart clot in pneumonitis, I could arrive at no other conclusion than that a small clot had formed in the left auricle or ventricle, had become detached, and thus plugged the posterior tibial at the point where the greatest pain was experienced. Proceeded to give sufficient morphia to control pain, ordered the foot and leg elevated and rubbed frequently with an anodyne liniment, and dry heat kept constantly applied.

On arriving home I stated the case to my partner, who agreed with me that the case was one of embolism. On the next day found the patient comfortable, but more swelling and some œdema of the leg. On consulting the authorities in relation to embolism, I came to the conclusion that if our diagnosis was correct the patient would probably die. However, as she continued from this time to improve daily, and at last accounts was nearly well, I am not so positive as to the correctness of the diagnosis, and write as much for the purpose of getting the opinions of yourself and readers as to its correctness, as for any other reason.

M. G. Sloan, M. D.

Charlotte, Iowa, April 7th, 1877.

Atmospheric Anæsthesia.

Ed. Med. and Surg. Reporter:—

If your readers desire the benefits of this unique plan of avoiding pain in minor surgery, let them read, and profit from, the following cases, the last two of many I have met:—

1. R. W., male, aged thirty, complaining of felon on finger, which needs lancing. I ordered rapid and deep respiration, and after two minutes plunged the knife to the bone, making a full and free incision. Result, a slight twinge of pain.

2. Benjamin S.; complains of a decayed, aching molar. I directed the respiration, as before, and extracted with some difficulty. The patient, a stout young man, asked, "did you get it," declaring he felt no pain whatever, whereas he complained considerably before, in extracting a smaller tooth.

I have tried many cases thus with success, occasionally failing; I fully believe, in the latter, because I could not obtain the requisite rapidity and deepness in respiration.

I have also tried, with success, the rapid and deep respiration of chloroform, permitting only two or three respirations, and operating immediately, as in the above cases.

La Fayette, Ala. M. J. Eley, M. D.

To Prevent Strangury from Blisters.

Ed. Med. and Surg. Reporter:—

In the last No. of the Reporter, I noticed an article, "A simple means of lessening the pain attending blisters." One of the most painful sequences of blisters is strangury, which the plan suggested does not propose to relieve. It is of that I propose to make a simple suggestion. There are a great many small facts that are, like grains of gold, very valuable and worth possessing. Such, I think, is the following. Some twenty years ago I saw it stated somewhere that wetting the surface of a blister with spirits of camphor before applying would prevent that very painful and annoying difficulty. I have practiced upon the suggestion ever since, and found it to act like a charm. I have not had my patients to complain of any urinary trouble for many years, and I can attribute the exemption to nothing else. I am very friendly to blisters in certain diseases, and have occasionally used them very freely.

J. E. Lyons, M.D.

Huntingdon, Ind., March 31st, 1877.

News and Miscellany.

The Results of the "Contagious Diseases Acts" in Great Britain.

These Acts were passed to prevent the extension of syphilis and gonorrhœa by the examination and registration of prostitutes. In a review of their operation, the *British Medical Journal* says:—

"The Report for 1875 tells us that, during three years immediately preceding the operation of those Acts, the average annual ratio of cases of primary and secondary forms of disease was 104.4 per 1000, whereas, in 1875, it did not exceed 45.8; and further, that the ratio of cases of primary disease was 53.4 in 1866, but had declined, in 1875, to 33.5 No amount of ingenuity can explain away this marked decline of the more serious forms of venereal disease, whatever may be the real facts of the case with regard to the asserted large increase in the ratio of cases of gonorrhœa.

"In attempting to estimate impartially the true effect of the Acts upon the prevalence of venereal diseases, their effect upon the civil population should not be ignored; and we cannot neglect this opportunity to remind the opponents of the Contagious Diseases Acts that, during the five years, 1870–4, the annual death-rate from syphilis (including congenital syphilis) in the eleven districts or stations where the Acts were in operation, was 21 per cent. lower

than it was during the five years 1861–5, before the Act of 1866 was passed; whereas, in the rest of England and Wales the death-rate from this disease was 20 per cent. higher in the second than in the earlier period. It would appear that the operation of the Act of 1866 at these eleven stations, not only there prevented the increase which took place in other parts of England and Wales, but caused an actual decrease in the fatality of the disease, equal to 20 per cent."

The Rise in Quinine and Iodine.

The extraordinary rise in the price of quinine is creating a sensation among the wholesale druggists throughout the United States. Until last fall the standard price per ounce for the article ranged at about $2 50, when there was a sudden rise to $3.25, quickly followed by another to $4, and on, up to the present time, when it is selling in New York at $5.

The immediate cause of the rise is owing to the war now being waged in New Granada, South America.

Another cause for the advance in the price is owing to the great demand from Europe occasioned by the Eastern war.

Again, the stock of quinine is very low everywhere now, and is chiefly held by speculators.

Iodine is also going up in price. It was forced down from $8 and $10 per pound to $2.15, last year, but this last month has advanced to $4 and $5, owing to the combination between the French and Scotch manufacturers.

The Late Epidemic of Typhoid in Paris.

The total number of deaths caused by typhoid fever, during the epidemic which prevailed in that city during the last six months, is 1645. Assuming an average mortality of 20 per cent., this would correspond to 8000 or 9000 cases, or one in every two hundred inhabitants. M. Besnier, who has been studying the epidemic, states that typhoid fever attacks a much larger number of men than women, of boys than girls; but the relative mortality of the disease being greater in women and girls, the ultimate result as regards the two sexes becomes, as a matter of fact, equal.

Cruelty to Animals.

A correspondent of the San Francisco *Bulletin* writes a harrowing description of the condition of the horses used in the process of amalgamation in the Mexican silver mines. The ore is ground, and mixed in large cakes. Each of these mammoth *tortillas* were being trodden and mixed by the perpetual tramp of twenty-four wretched horses and wheels, all in various stages of living death, from the mercury. Poor, hideous, distorted, crippled creatures! Blind, staggering, bloated, or shriveled, each a separate embodiment of condensed misery. Some without manes, some without tails, some without ears, some without eyes, and all without teeth—breasts, limbs and flanks green as verdigris, and quivering with exquisite agony. Sickening sight! The animals are brought in to their direful drudgery at six o'clock A. M., and are taken off at two P. M., after plunging and plowing under the lash for eight dreadful hours. They are then led to a water tank and deluged with water, sufficient to rid them of every atom of the precious grime with which they are bespattered, after which, dripping and shivering, they are led limping to their stalls.

Hydrophobia.

An unusual number of cases of hydrophobia have recently been reported, all fatal. Woorara, the latest device, has proven inefficient. The prevalence of the disease is by some attributed to the increase in Spitz dogs, which are said to be peculiarly liable to rabies. It is asserted that rapid salivation by mercurial fumigation has cured well marked cases.

Obituary Notes.

—Dr. Hervey de Chégoin, a veteran of French surgery, formerly surgeon to the Paris hospitals, and a member of the surgical section of the French Academy of Medicine, has just died, at the ripe age of eighty-four.

—The dead body of Dr. D. J. Brittain, of Glen Gardner, N. J., was found lying in the road, beneath the bridge of the Central Railroad of New Jersey, near Easton. It is supposed that he accidentally fell through the bridge, and the coroner's jury have returned a verdict to that effect.

—We notice with regret the death of Dr. W. G. Taylor, of Camden, N. J., son of R. Given Taylor, M. D., of South Camden, N. J. Dr. Taylor labored as a physician to the missionaries at Gaboon, Africa, until stricken down by fever, when he returned to his native land to breathe his last. He died on the 8th inst. The funeral was largely attended.

—Dr. Amos Nourse, of Bath, Maine, who died lately, at the age of 82, graduated at Harvard in 1812, studied medicine and was medical lecturer in the Maine Medical School from 1846 to 1854, and professor for a large number of years following. In 1857 he was chosen United States Senator to serve out the remaining three months of Mr. Hamlin's term, when he accepted the office of Governor of Maine.

—William Wood, the senior partner of the book-publishing firm of William Wood & Son, died on Monday, in New York. He had retired from business in 1868, having established the *Medical Record* and the *American Journal of Obstetrics*. Mr. Wood was one of the founders and an original director of the Mercantile Library. Of late years he gave a good deal of attention to the affairs of the Society of Friends, of which he was an active member. He always took a great interest in medical writings.

QUERIES AND REPLIES.

Medical Ethics.

MR. EDITOR:—1. A patient calls in a physician, receives one visit, takes a few doses of the medicine prescribed, and in a few days afterward calls in a second; should the latter attend?

2. In the case of an amputation who is the person to take charge of the limb after its removal, the surgeon who operates or the attending physician in the case? C. E. Q.

1. The second physician should see that the patient notifies the former attendant of the change, before he takes charge. 2. The wishes of the family should first be consulted; if they are indifferent, the limb should belong to the operator.

Dysmenorrhœa.

MR. EDITOR:—I have a case in which the menses appear every fourth week, and continue seven days, followed by a profuse leucorrhœal discharge of seven days' duration. The discharge is uterine. How would you treat the case? ANXIOUS.

Dr. S. E. T., Mass.—The amount of water is twenty-two ounces.

OBITUARY.

JONATHAN M. FOLTZ, M. D., U. S. N.,

Formerly Surgeon-General of the United States Navy, died April 12th, at his late residence in this city. Dr. Foltz was of Prussian descent, and was born at Lancaster, in this State, on April 25th, 1810. He graduated from the Jefferson Medical College of this city in 1830, and entered the naval service as an Assistant Surgeon, on April 6th, 1831. His first cruise was in the frigate Potomac, on the Pacific Station, extending from 1832 to 1834. During this cruise he was present at the bombardment of Qualah Battoo, on the coast of Sumatra, on February 6th, 1832. After circumnavigating the globe in the Potomac, he was detached from that vessel on its arrival at Boston, in June, 1834, and for several years thereafter was on duty at Washington.

He was commissioned as Surgeon on December 8th, 1838, and in 1839-40 was on duty at the United States Naval Hospital at Port Mahon, on the Island of Minorca. His next important service was on the frigate Raritan, of the Brazilian Squadron, from 1844 to 1847, the greater part of the time as Fleet Surgeon of the squadron.

At the outbreak of the Rebellion he was ordered, in April, 1861, to the frigate Santee, in Hampton Roads, and soon after to the frigate Niagara, of the Gulf Squadron. The first conflict of the war in which he was engaged was the bombardment, on November 22d and 23d, of Forts McCrea and Barrancas, at Pensacola. On February 21st, 1862, he joined Admiral Farragut on the Hartford, as Fleet Surgeon of the Western Gulf Squadron, a position which he retained until near the close of the war, participating in all the desperate encounters of the period. On the 25th of April, 1862, he was present in the desperate passage of Forts Jackson and Saint Philip, and the next day in the passage of the Chalmette forts and the capture of New Orleans; on the 28th of May, at Baton Rouge, passing in an open boat under the fire of the enemy to attend the wounded; on the 28th of June in the hazardous battle of Vicksburg; on the 15th of July in the desperate battle with the Rebel ram Arkansas, in the midst of which action he passed in an open boat to attend the wounded on the Tyler; on the night following, in another battle with the ram Arkansas and the batteries at Vicksburg; on the 22d of July, with the batteries below Vicksburg and the ram Arkansas; on the 9th of August, at Donaldsonville; on the 14th of March, 1863, at Port Hudson; on the 19th at Grand Gulf; on the 25th and 26th at Warrenton, and on April 1st at Grand Gulf.

Dr. Foltz returned to New York with Admiral Farragut, in August, 1863, and was then detached from the Hartford. In 1864-65, he was a member of the Board of Examiners, and in 1866-67, President of that body. In 1868-69, he accompanied Admiral Farragut as Fleet Surgeon, on the famous cruise to the Mediterranean and northern ports of Europe. In 1870-71, he was President of the Naval Medical Board. On March 3d, 1871, he was promoted to the then new rank of Medical Director, with the relative rank of Commodore, and on October 25th, of the same year, was appointed Chief of the Bureau of Medicine and Surgery and Surgeon-General of the Navy. This position he held until April 25th, 1872, when he was retired, having reached the age of sixty-two years.

MARRIAGES.

DEWEES—WALBORN.—By Rev. F. J. F. Schantz, at the residence of the bride's mother, in Myerstown, Lebanon Co., Pa., W. B. Dewees, M.A., M.D., only son of Geo. Dewees, Esq., of Fleetwood, Pa., and Amelia E. Walborn, only child of the late Edward Walborn, Esq.

STRYKER—BARTLETT.—On Wednesday, April 11, by Rev. William Adams, Dr. Samuel Stanhope Stryker, of Philadelphia, and Miss Grace Medora Bartlett, of this city.

SWINTON—CORNELL.—At Somerville, N. J., April 11, 1877, by Rev. Samuel Parry, William J. Swinton, M.D., and Miss Phœbe M. B. Cornell, daughter of the late Rev. Frederick F. Cornell, D.D.

DEATHS.

ARMSTRONG.—On the 19th ult., at Lebanon, Pa, Dr. Thomas G. Armstrong, of Philadelphia, in the 63d year of his age.

FARR.—On Tuesday, April 10, at Hackensack, N. J., Dr. Robert William Farr, in the 47th year of his age.

FOLTZ.—In this city, on the evening of the 12th instant, Jonathan M. Foltz, M.D., ex-Surgeon General U. S. N.

GARDINER.—In this city, on the 22d ult., Richard Gardiner, M.D., in the 85th year of his age.

HAINES.—At Medford, N. J., on the 12th instant, George Haines, M. D., in the seventy-ninth year of his age.

HUTCHISON.—In Brooklyn, On Tuesday, April 10, 1877, N. Gerhard Hutchison, M.D., aged 23 years and 10 months, only son of Dr. J. C. and Mrs. S. B. Hutchison.

HOLLY.—At Hamilton, Bermuda, March 3, Pierce R. Holly, M.D.

QUICK.—In New York city, on Wednesday morning, 4th instant, Dr. Theodore Quick, aged 50 years and 6 months.

TATEM.—William A. Tatem, M.D., at St. George's, Delaware, on Thursday, March, 29, at 12 M.

WHEELER.—Saturday morning, March 24, at four o'clock, of heart disease, Dr. B. D. Wheeler, in the sixty-second year of his age.